



COUNCIL OF ORGANIZATIONS AND OTHERS FOR EDUCATION

BOUT

AROCHIAID

## COUNCIL ABOUT PAROCHIAID ORGANIZATION MEMBERSHIP FORM

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*AFT Michigan*

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*Michigan Association of School Boards*

**At-Large Director**

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*Michigan Association of Secondary School Principals*

Full Name of Organization: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

President's Name: \_\_\_\_\_

Organization Contact Name: \_\_\_\_\_

*Organization Memberships are based on a percentage of your organization's operating budget. Please see attached chart to select your organization's annual dues contribution.*